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CHARLES BORSTEL  
COMMISSIONER, DIVISION OF  
PROFESSIONAL LICENSURE

**DYNAMIC TESTING SCHEDULE**

Ski Area Name: \_\_\_\_\_ Location #: MA-\_\_\_\_\_ Date Submitted: \_\_\_\_\_

|    | RTB # | LIFT NAME | PROPOSED<br>TEST DATE | COMPLETED<br>DATE |
|----|-------|-----------|-----------------------|-------------------|
| 1  |       |           |                       |                   |
| 2  |       |           |                       |                   |
| 3  |       |           |                       |                   |
| 4  |       |           |                       |                   |
| 5  |       |           |                       |                   |
| 6  |       |           |                       |                   |
| 7  |       |           |                       |                   |
| 8  |       |           |                       |                   |
| 9  |       |           |                       |                   |
| 10 |       |           |                       |                   |
| 11 |       |           |                       |                   |
| 12 |       |           |                       |                   |
| 13 |       |           |                       |                   |
| 14 |       |           |                       |                   |
| 15 |       |           |                       |                   |

*\*A copy of this schedule should accompany the inspection report each year. Enclose a copy of the lift dynamic tests along with this report. Any changes to the test schedule should be made using a new Dynamic Test Schedule form.*

All testing shall be performed in accordance with 526 CMR 10.14.

***I hereby swear, under the pains and penalties of perjury, that all information set forth on this document and submitted in support hereof is true and accurate to the best of my knowledge.***

\_\_\_\_\_  
Signature/Printed Name of Owner/Operator

\_\_\_\_\_  
Date

Owner/Operator Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

